Study modality letter

Draft for the awarding university

University instructions: Adapt and verify every statement against institutional records. Replace all brackets, remove unused clauses and these instructions, and issue on official letterhead with an authorized signature, date and official email for verification. The applicant must not self-certify this letter.

[Official university letterhead]

Date: [day month year] Reference: [institutional reference, if used]

To the authority reviewing this qualification in Ecuador

We confirm from the records of [legal name of awarding institution, country] that [graduate's full name], student number [number, if used], completed [exact qualification title], awarded on [award date].

The graduate attended this program from [start date] to [completion date]. The actual teaching and learning modality was [in person, online, distance, blended or the institution's accurate equivalent].

The program was delivered through [describe relevant classes, supervised learning and assessment arrangements]. Required physical attendance, placements or clinical/laboratory practice took place at [location and dates or periods; omit where not applicable]. Any remote components consisted of [accurate description; omit where not applicable].

[If the modality changed: Identify each period, its delivery mode and the reason recorded by the institution. Include documented proportions or hours only when supported by institutional records.]

[For a doctorate: Identify the taught and research phases separately, with their actual dates, duration, countries and physical locations. Distinguish required classes from research periods and describe any remote research or supervision accurately. Cite the institutional records supporting these details.]

The enrollment load was [full time, part time or the institution's terminology] during [periods]. Enrollment load is recorded separately from the delivery modality described above.

This information is based on [enrollment records, approved program specification or other identified records]. Questions may be directed to [responsible office] at [official institutional email] or [official telephone].

[Authorized signature]
[Name and title of authorized official]
[Office or department]
[Official institutional email and telephone]